NEVADA FINANCIAL DISCLOSURE STATEMENT (F) (P) Please read the instruction before completing. Attach additional sheets if n accessary.

JAN 12 2009

PERSONAL INFORMATION:			_			AMISSIC
NAME: Daniel H. Stockwell		LENGTH OF RES	A: Not currently			
ADDRESS: P. O. Box 8471						
CITY, STATE, ZIP: Truckee, CA 96162		LENGTH OF RESIDENCE IN I IS WHERE REGISTERED TO VC IT		N/A		
TELEPHONE: 1 (530) 587-5513		E-MAIL: stockw	HOV.			
SECTION A (Public Office): List all public offices for which this fi and check each box accordingly i.e. annual, candidate or appoin	nancial d tment fili	isclosure statem ng. NRS 281A.6	nent is require 20.1(g).			
Title of Public Office and Name of Government	Elected, appointed or appointed or appointed to alected	(E, A, AE) Annual Compensation	Date elected or appointed	ANRIAL NRS 281A.600.1 & 281A.610.1	CANDIDATE NRS 281A.610.1(a).	APPOINTMENT NRS 281A,600.1
THE OF EADING CHIEG BY HAIRE OF GOVERNMENT	_			Check the a	ppropriete b	oxes below
Director, Department of Information Technology	Α	\$ 123,783	Jan 6, 2007			✓_
		\$				
		\$				
SECTION B (Sources of Income): List each source of your incoreany member of your household who is 18 years of age or older. Director of the Department of Information Te	NR\$281.	A.620.1(b).		\$	Ho	usehold lember ppropriate
BECTION C (Real Property): List specific location and particular which you or a member of your household has a legal or benefic more; and (3) located in this state or an adjacent state. NRS 281 Specific Location	ial intere	st; (2) the fair m	arket valu∋⊢	ial reside	ence): (1 \$2,500 d) in
None						
				4P************************************		

SECTION D (Creditors); List each credit debt secured by mortgage or deed of truretained by seller. NRS 281A.620.1(d).	for to whom you or a member of your household owes \$5,000 personal residence; and (2) debt on a motor venite :	more for pe	rsonai u F	PT: (1) se lousehold Member
		Ţ		appropriate
	Chase, Citi		bo	xes
	Chase, Chi			
			L	
value of \$200 from a donor during the p	inity or affinity; and (2) ceremonial gifts received for a birth de la	on who weddin	is relate	ite ed to
Gift	Donor	^ 	Value of (Gift
None		\$	······································	
		\$		
		\$		
		\$		
		outstar	nding sto	ick or
				on or
			Solf	Household
			Self Check the	Household Member
	None		Check the	Household Member
	None		Check the	Household Member appropriate
	None		Check the	Household Member
	None		Check the	Household Member
THE INFORMATION I HAVE PROVIDED	None HEREIN IS ACCURATE AND COMPLETE.		Check the	Household Member
			Check the	Household Member appropriate
	HEREIN IS ACCURATE AND COMPLETE. Signature:		Check the	Household Member appropriate
Date: Jan 12 , 2009	HEREIN IS ACCURATE AND COMPLETE.		Check the	Household Member appropriate
THE INFORMATION I HAVE PROVIDED Date: Jan 12, 2009 WHERE TO FILE: APPOINTED PUBLIC OFFICERS SUBMIT TO:	HEREIN IS ACCURATE AND COMPLETE. Signature:		Check the	Household Member appropriate